

14B3-X-27

Harris County Institute of Forensic Sciences



UNKNOWN

UNKNOWN

W

Male

0 YEARS

ML73-3356

FUNERAL HOME / TRANSPORT SERVICE RECEIVING BODY

Sharon M. Derrick Forensic Arts

SIGNED OUT BY

LICENSE#

04 / 30 / 2014

DATE

AM PM

TIME

CLOTHING RELEASED WITH BODY?

YES

NO

None

PERSONAL EFFECTS RELEASED WITH BODY?

YES

NO

AFIS# X

DOCUMENT VERIFICATION

TRANSPORTED TO HCIFS BY:

Signature

IFS / Agency:

DATE

TIME

5 / 11 / 14

1:22 AM PM

X RAYS: YES / NO

HEAD CHEST ABDOMEN PELVIS

R ARM L ARM R LEG L LEG

FULL BODY (DECOMP/INFANT) TORSO

H:

W:

T:

610

ANTHEMORTEM SPECIMENS: YES / NO

PERSONAL EFFECTS: YES / NO

MEDICAL RECORDS: YES / NO

CLOTHING: YES / NO

Checked in by HCIFS Representative

R. Carro 11

R. Carro 11



**David M. Glassman, Ph.D. DABFA**



**Diplomate, American Board of Forensic Anthropology**

**HUMAN SKELETAL IDENTIFICATION LABORATORY**

**TO:** Dr. Dwayne Wolf, Deputy Chief Medical Examiner, Office of the Medical Examiner of Harris County, 1885 Old Spanish Trail, Houston, Texas 77054-2098

Ms. Beverly Begay, Chief Forensic Investigator, Office of the Medical Examiner of Harris County, 1885 Old Spanish Trail, Houston, Texas 77054-2098

**FROM:**  Dr. David M. Glassman, Human Skeletal Identification Laboratory, 814 Lazy Lane, San Marcos, Texas 78666

**SUBJECT:** Anthropologic analysis of human remains

**CASE #:** DMG 04-15 (HCME #: 73-3356)

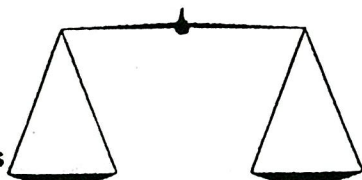
**DATE:** April 22, 2004

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The remains represented an almost complete skeleton missing the hyoid, left scapula, sternum, right patella, one (1) right and one (1) left rib, two (2) cervical vertebrae, four (4) thoracic vertebrae, one (1) lumbar vertebra, and most bones of the hands and feet. An inventory of the remains is listed in Table 1 and illustrated in Figure 1.

The recovered bones were complete with the exception of the face, whose maxilla had been removed during autopsy procedures. The left maxilla had been reattached with glue prior to transfer to the Human Skeletal Identification Laboratory (HSIL). The right maxilla remained separated. A slight odor of decomposition remained on the bones. No living insects or insect casings were present. Patches of dry, dehydrated tissue remained on some bone surfaces and were responsible for retaining articular connection of the right tarsal bones and the left tibia/patella/unfused femoral condyles.

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All maxillary teeth were present except for the right central incisor (#8), left central incisor (#9) left canine (#11) left second premolar (#13), left second molar (#15) and left third molar (#16). All missing teeth had been lost postmortem except for #15, which had been removed for DNA analysis. Areas of the enamel crowns were fragmentary on the right lateral incisor (#7) and left lateral incisor (#10). No restorations were observed on the maxillary dentition.

All mandibular teeth were recovered except for the right second premolar (#29) and the right first, second and third molars (#30, #31, and #32). All missing teeth were lost postmortem. The crown of the right canine (#27) was fragmentary. No dental restorations were observed on the mandibular dentition.

A dental inventory is illustrated in Figure 2.

No duplication of any skeletal element was noted, suggesting that the remains belonged to a single individual. Morphological and metrical analyses of the remains suggested the following characteristics:

-----

SEX:	Male
AGE:	17 – 20 years of age
ANCESTRY:	White
STATURE:	Circa: 5' 4 1/2" Range: 5'2" – 5'7"
POSSIBLE MANNER OF DEATH:	(see section on skeletal defects)
PATHOLOGIES/ANOMALIES/INDIVIDUALIZATION:	

1. Incomplete fusion of the left transverse process of the atlas vertebra resulting in an incomplete transverse foramen.
2. Persisting metopic suture.
3. Exostosis on the external auditory canal of the right and left temporal bones.
4. Spina bifida on the posterior sacrum between the level of the promontory and S2/S3 juncture (Figure 3).

5. Incomplete fusion of the spinous process to the right and left transverse processes of the L-5 vertebra.

-----

**SEX:** Sex was determined on the basis of morphological observations of the innominates and skull, and a FORDISC discriminate analysis of cranial measurements. Male characteristics of the innominate included no preauricular sulcus, flat sacro-iliac articular surface, thick ischio-pubic ramus, no ventral arc, and narrow sub-pubic angle. Male characteristics of the skull were limited to the lack of frontal bossing and a well-developed external occipital protuberance. (The overall pattern of morphology in the skull was feminine). Results of the FORDISC analysis from cranial measurements supported a male determination.

**AGE:** Age was estimated from observations of the basilar suture, epiphyseal union, third molar eruption, morphology of the pubic symphysis, and morphology of the sternal end of the fourth rib. The basilar suture exhibited partial fusion. The mosaic pattern of epiphyseal union (Table 2) was consistent with a male between 17 and 20 years of age. All third molars available for examination were unerupted. The pubic symphysis was scored a Phase 1 according to the phase method of Suchey-Brooks for males. The fourth rib was scored a Phase 1 according to the method of Iscan for males.

**ANCESTRY:** Ancestry was determined from morphological observations of the skull and a FORDISC discriminate analysis of cranial measurements. Characteristics associated with European ancestry included the depth of the nasal root, high and narrow nasal aperture shape, sharp nasal sill, developed anterior nasal spine, persistence of the metopic suture, tent-shape nasal bridge, and narrow interorbital breadth. Results of the FORDISC analysis supported a European ancestry.

**STATURE:** Stature was estimated between 5' 2" and 5' 7" according to the FORDISC method for white males using the maximum lengths of the femur and tibia.

#### **SKELETAL DEFECTS:**

1. Cut-like defects were observed on four (4) thoracic vertebrae. The cause and the timing of the defects were indeterminate. The involved vertebrae included T7, T8, T9, and T10, each on their anterior centrum surface. T9 also exhibited a small crushing-like defect into the bone.

2. Cut-like defects to the left innominate (possibly autopsy artifact) included a series of thin, parallel cuts along the dorsal surface of the ischio-pubic ramus following from the border of the obturator foramen to approximately one-half the thickness of the ramus. In addition, three (3) other cut-like defects occurred on the dorsal face of the pubic bone, adjacent to the obturator foramen.
3. The right scapula exhibited fracturing to the center of the scapular body.
4. The distal end of the right fibula exhibited an irregular-shaped defect into the bone consistent with puncture trauma. The defect measured approximately 5 mm in maximum length and approximately 2 mm at its widest point (Figure 4).

**CHAIN OF EVIDENCE:** All skeletal evidence related to this case that was received and/or transferred by the Human Skeletal Identification Laboratory has been documented. Copies of any, or all, transfer forms are available upon request.

**OPINION:** It is my opinion that the remains best represent a White male, of age between 17 and 20 years, and a height between 5'2" and 6' 7".

Table 1. Skeletal inventory of DMG 04-15.

Forensic Inventory

COLLECTION ID/CASE #: DMG 04-15 CURATOR/ADDRESS: HSIL

-----SKELETAL INVENTORY (Page 7)-----

32. INVENTORY: Codes: 1 - present complete 4 - antemortem loss  
 2 - present fragmentary 5 - unerupted (dentition)  
 3 - absent (postmortem) 6 - congenitally missing

Cranium: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Frontal:	<u>1</u>	<u>1</u>	Maxilla: (sectioned)	<u>1</u>	<u>1</u>
Parietal:	<u>1</u>	<u>1</u>	Nasal:	<u>2</u>	<u>2</u>
Occipital:	<u>1</u>	<u>1</u>	Ethmoid:	<u>2</u>	<u>2</u>
Temporal:	<u>1</u>	<u>1</u>	Lacrimal:	<u>3</u>	<u>3</u>
Zygomatic:	<u>1</u>	<u>1</u>	Vomer:	<u>2</u>	<u>2</u>
Palate:	<u>1</u>	<u>2</u>	Sphenoid:	<u>2</u>	

Mandible: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Body:	<u>1</u>	<u>1</u>	Ramus:	<u>1</u>	<u>1</u>

Dentition: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Max. I1:	<u>3</u>	<u>3</u>	Mand. I1:	<u>1</u>	<u>1</u>
Max. I2:	<u>2</u>	<u>1</u>	Mand. I2:	<u>1</u>	<u>1</u>
Max. C:	<u>3</u>	<u>1</u>	Mand. C:	<u>1</u>	<u>1</u>
Max. P1:	<u>1</u>	<u>1</u>	Mand. P1:	<u>1</u>	<u>1</u>
Max. P2:	<u>3</u>	<u>1</u>	Mand. P2:	<u>1</u>	<u>3</u>
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Max. M2:	<u>3</u>	<u>1</u>	Mand. M2:	<u>1</u>	<u>3</u>
Max. M3:	<u>3</u>	<u>5</u>	Mand. M3:	<u>5</u>	<u>3</u>

Postcranium: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Hyoid:	<u>3</u>		Thoracic 1-12:	<u>2</u> (n=8)	
Clavicle:	<u>1</u>	<u>1</u>	Lumbar 1-5:	<u>2</u> (n=4)	
Scapula:	<u>3</u>	<u>1</u>	Sacrum:	<u>1</u>	
Humerus:	<u>1</u>	<u>1</u>	Ilium:	<u>1</u>	<u>1</u>
Radius:	<u>1</u>	<u>1</u>	Pubis:	<u>1</u>	<u>1</u>
Ulna:	<u>1</u>	<u>1</u>	Ischium:	<u>1</u>	<u>1</u>
Hand: Lt. M4 present	<u>2</u>	<u>2</u> Scapula only	Femur:	<u>1</u>	<u>1</u>
Manubrium:	<u>3</u>		Patella:	<u>1</u>	<u>3</u>
Sternal Body:	<u>3</u>		Tibia:	<u>1</u>	<u>1</u>
Ribs:	<u>2</u> (n=11)	<u>2</u> (n=11)	Fibula:	<u>2</u>	<u>2</u>
Atlas:	<u>1</u>		Calcaneus:	<u>3</u>	<u>2</u>
Axis:	<u>1</u>		Talus:	<u>3</u>	<u>1</u>
Cervical 3-7:	<u>2</u> (n=3)		Foot:	<u>2</u>	<u>2</u>

-----RESEARCH MATERIALS-----

33. SKELETAL MATERIALS: \_\_\_\_\_

34. DENTAL CASTS: \_\_\_\_\_

35. HISTOLOGICAL SECTIONS: \_\_\_\_\_

36. RADIOGRAPHS/PHOTOS: \_\_\_\_\_

37. OTHER (hair, etc.): \_\_\_\_\_

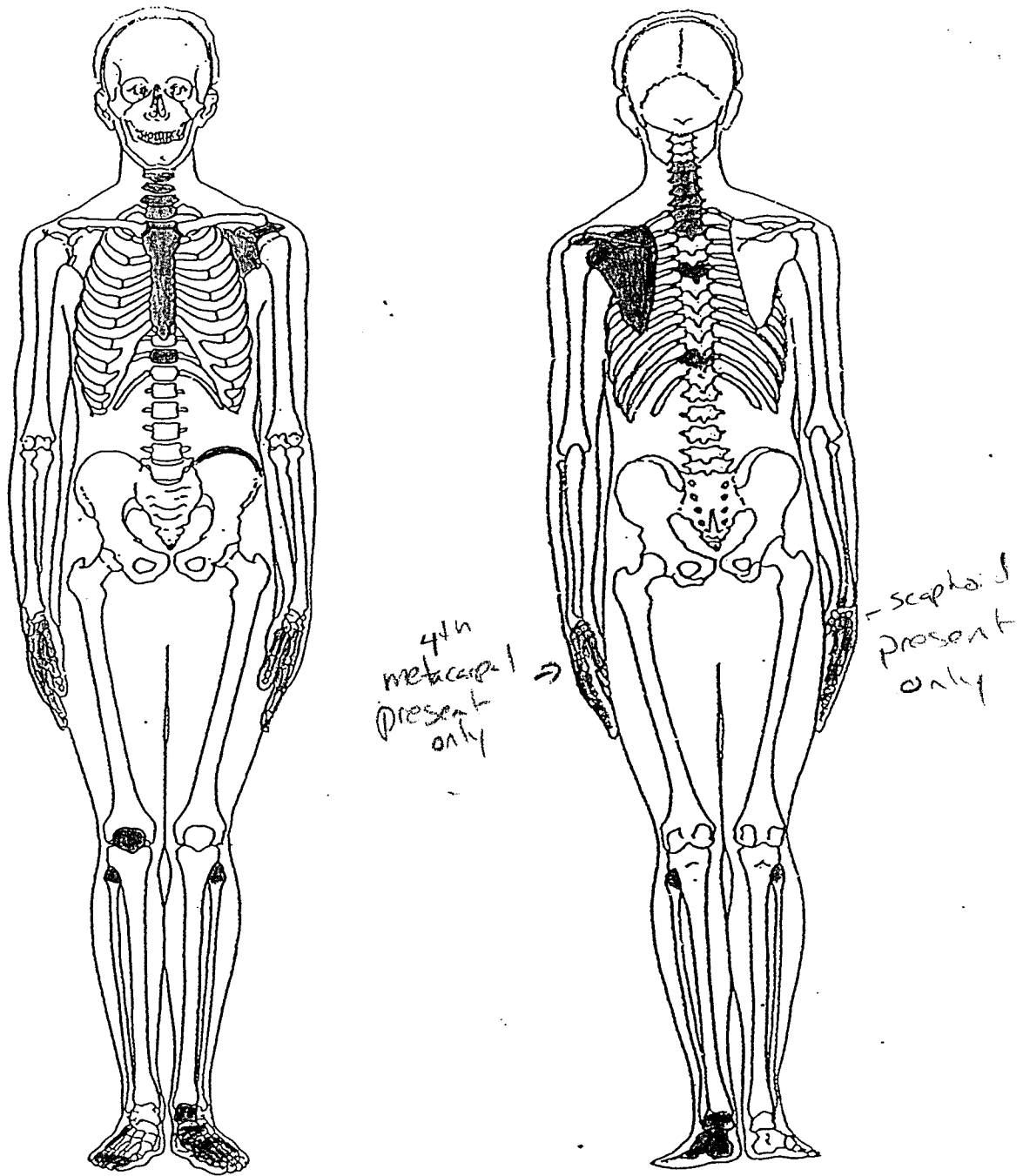


Figure 1. Skeletal inventory of DMG 04-15. Shaded areas are missing.

Figure 2. Dental inventory of DMG 04-15.

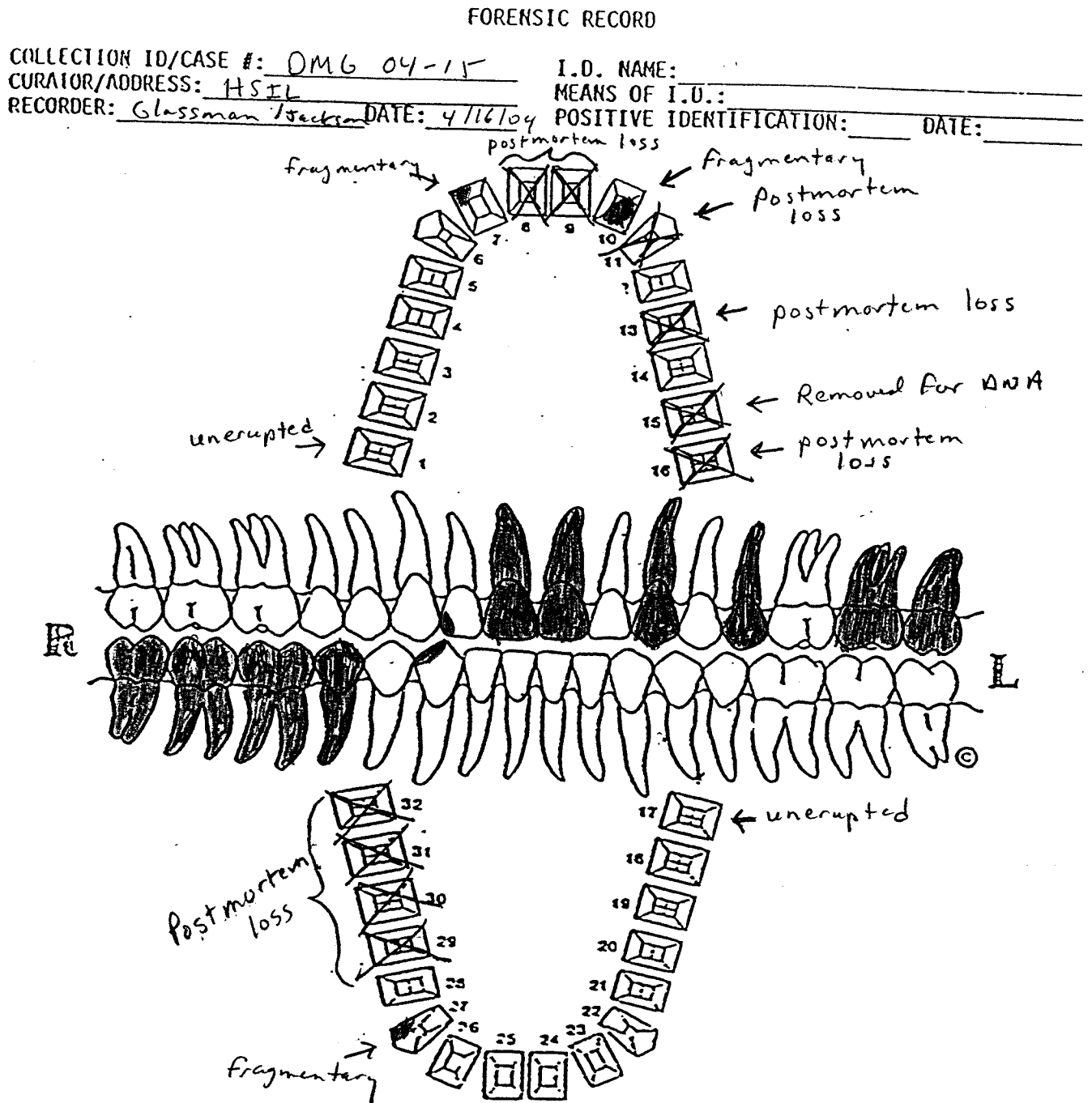




Table 2. Epiphyseal union in DMG 04-15.

Forensic Morphological Observations

COLLECTION ID/CASE #: DMG 04-15 CURATOR/ADDRESS: HSIL

-----EPIPHYSEAL CLOSURE (Pages 8-9)-----

Codes: 1 - No Union 2 - Partial Union 3 - Complete Union

38. BASILAR SUTURE:	<u>2</u>	47. LUMB. VERT. RIM:	<u>1</u>	56. PROX. RADIUS:	<u>2</u>
39. MEDIAL CLAVICLE:	<u>1</u>	48. SACRUM (1/2):	<u>1</u>	57. DISTAL RADIUS:	<u>1</u>
40. ATLAS-ANTERIOR:	<u>3</u>	49. SACRUM (S2/3):	<u>3</u>	58. PROX. ULNA:	<u>3</u>
41. ATLAS-POSTERIOR:	<u>3</u>	50. SACRUM (3/4):	<u>3</u>	59. DISTAL ULNA:	<u>1</u>
42. AXIS-ANTERIOR:	<u>3</u>	51. INNOM. PRIM. ELEM.	<u>3</u>	60. FEMUR HEAD:	<u>2</u>
43. AXIS-POSTERIOR:	<u>3</u>	52. ISCH. TUBEROSITY:	<u>2</u>	61. GR. TROCH.	<u>2</u>
44. CERV. VERT. RIM:	<u>2</u>	53. ILIAC CREST (ANT 1/3):	<u>1</u>	62. DIST. FEMUR:	<u>1 (left); 2 (right)</u>
45. THOR. VERT. RIM:	<u>1</u>	54. PROX. HUMERUS:	<u>1</u>	63. PROX. TIBIA:	<u>2</u>
46. L5 BODY-ARCH:	<u>1</u>	55. MED. EPIC. HUM.:	<u>3</u>	64. DISTAL TIBIA:	<u>2</u>



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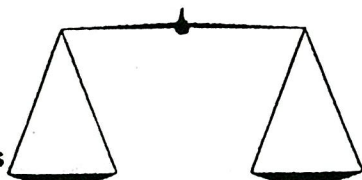
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	Left:	Right:		Left:	Right:
Frontal:	<u>1</u>	<u>1</u>	Maxilla: (sectioned)	<u>1</u>	<u>1</u>
Parietal:	<u>1</u>	<u>1</u>	Nasal:	<u>2</u>	<u>2</u>
Occipital:	<u>1</u>	<u>1</u>	Ethmoid:	<u>2</u>	<u>2</u>
Temporal:	<u>1</u>	<u>1</u>	Lacrimal:	<u>3</u>	<u>3</u>
Zygomatic:	<u>1</u>	<u>1</u>	Vomer:	<u>2</u>	<u>2</u>
Palate:	<u>1</u>	<u>2</u>	Sphenoid:	<u>2</u>	

Mandible: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Body:	<u>1</u>	<u>1</u>	Ramus:	<u>1</u>	<u>1</u>

Dentition: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Max. I1:	<u>3</u>	<u>3</u>	Mand. I1:	<u>1</u>	<u>1</u>
Max. I2:	<u>2</u>	<u>1</u>	Mand. I2:	<u>1</u>	<u>1</u>
Max. C:	<u>3</u>	<u>1</u>	Mand. C:	<u>1</u>	<u>1</u>
Max. P1:	<u>1</u>	<u>1</u>	Mand. P1:	<u>1</u>	<u>1</u>
Max. P2:	<u>3</u>	<u>1</u>	Mand. P2:	<u>1</u>	<u>3</u>
Max. M1:	<u>1</u>	<u>1</u>	Mand. M1:	<u>1</u>	<u>3</u>
Max. M2:	<u>3</u>	<u>1</u>	Mand. M2:	<u>1</u>	<u>3</u>
Max. M3:	<u>3</u>	<u>5</u>	Mand. M3:	<u>5</u>	<u>3</u>

Postcranium: \_\_\_\_\_

	Left:	Right:		Left:	Right:
Hyoid:	<u>3</u>		Thoracic 1-12:	<u>2</u> (n=8)	
Clavicle:	<u>1</u>	<u>1</u>	Lumbar 1-5:	<u>2</u> (n=4)	
Scapula:	<u>3</u>	<u>1</u>	Sacrum:	<u>1</u>	
Humerus:	<u>1</u>	<u>1</u>	Ilium:	<u>1</u>	<u>1</u>
Radius:	<u>1</u>	<u>1</u>	Pubis:	<u>1</u>	<u>1</u>
Ulna:	<u>1</u>	<u>1</u>	Ischium:	<u>1</u>	<u>1</u>
Hand: Lt. M4 present	<u>2</u>	<u>2</u> Scaploid only	Femur:	<u>1</u>	<u>1</u>
Manubrium:	<u>3</u>		Patella:	<u>1</u>	<u>3</u>
Sternal Body:	<u>3</u>		Tibia:	<u>1</u>	<u>1</u>
Ribs:	<u>2</u> (n=11)	<u>2</u> (n=11)	Fibula:	<u>2</u>	<u>2</u>
Atlas:	<u>1</u>		Calcaneus:	<u>3</u>	<u>2</u>
Axis:	<u>1</u>		Talus:	<u>3</u>	<u>1</u>
Cervical 3-7:	<u>2</u> (n=3)		Foot:	<u>2</u>	<u>2</u>

-----RESEARCH MATERIALS-----

33. SKELETAL MATERIALS: \_\_\_\_\_

34. DENTAL CASTS: \_\_\_\_\_

35. HISTOLOGICAL SECTIONS: \_\_\_\_\_

36. RADIOGRAPHS/PHOTOS: \_\_\_\_\_

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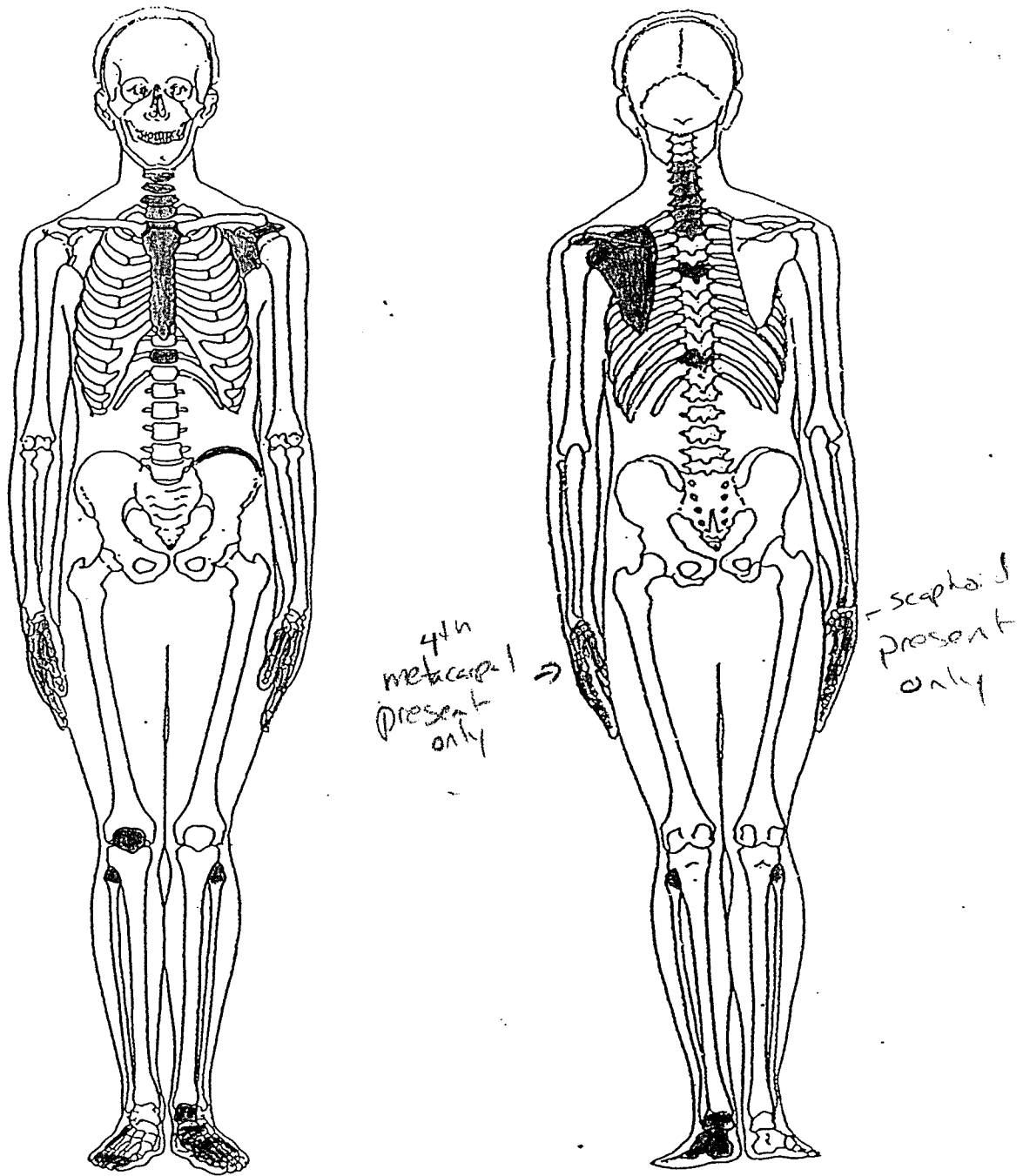


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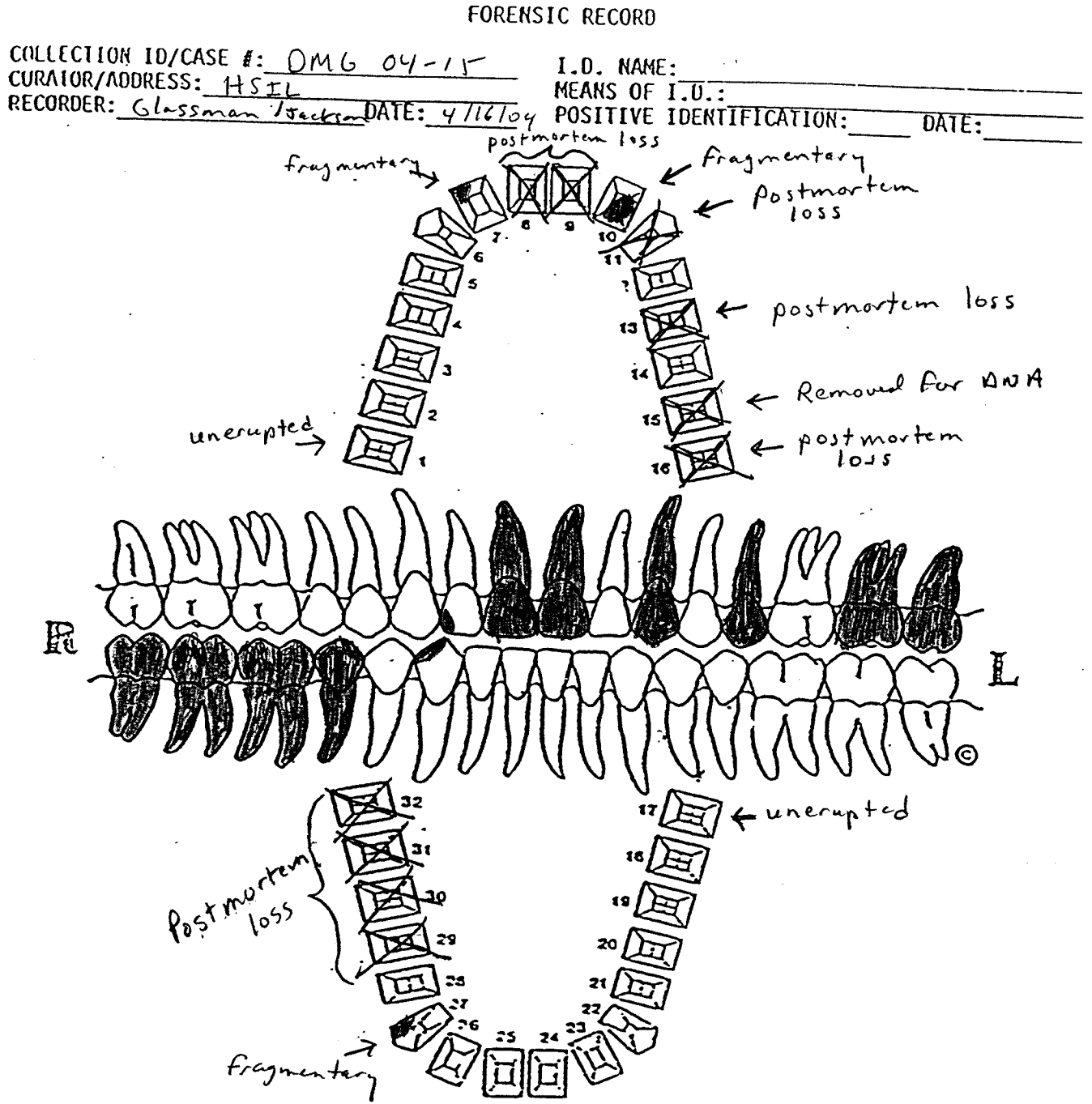




Table 2. Epiphyseal union in DMG 04-15.

Forensic Morphological Observations

COLLECTION ID/CASE #: DMG 04-15 CURATOR/ADDRESS: HSIL

-----EPIPHYSEAL CLOSURE (Pages 8-9)-----

Codes: 1 - No Union 2 - Partial Union 3 - Complete Union

38. BASILAR SUTURE:	<u>2</u>	47. LUMB. VERT. RIM:	<u>1</u>	56. PROX. RADIUS:	<u>2</u>
39. MEDIAL CLAVICLE:	<u>1</u>	48. SACRUM (1/2):	<u>1</u>	57. DISTAL RADIUS:	<u>1</u>
40. ATLAS-ANTERIOR:	<u>3</u>	49. SACRUM (S2/3):	<u>3</u>	58. PROX. ULNA:	<u>3</u>
41. ATLAS-POSTERIOR:	<u>3</u>	50. SACRUM (3/4):	<u>3</u>	59. DISTAL ULNA:	<u>1</u>
42. AXIS-ANTERIOR:	<u>3</u>	51. INNOM. PRIM. ELEM.	<u>3</u>	60. FEMUR HEAD:	<u>2</u>
43. AXIS-POSTERIOR:	<u>3</u>	52. ISCH. TUBEROSITY:	<u>2</u>	61. GR. TROCH.	<u>2</u>
44. CERV. VERT. RIM:	<u>2</u>	53. ILIAC CREST (ANT 1/3):	<u>1</u>	62. DIST. FEMUR:	<u>1 (left); 2 (right)</u>
45. THOR. VERT. RIM:	<u>1</u>	54. PROX. HUMERUS:	<u>1</u>	63. PROX. TIBIA:	<u>2</u>
46. L5 BODY-ARCH:	<u>1</u>	55. MED. EPIC. HUM.:	<u>3</u>	64. DISTAL TIBIA:	<u>2</u>



Figure 3 Sacrum of DMG 04-15 (note spina bifida).



Figure 3 Sacrum of DMG 04-15 (note spina bifida).



Figure 4. Defect on distal right fibula of DMG 04-15.

**Veronique F. Delattre, DDS, FAGD**

6516 M.D. Anderson Blvd., Suite 493  
Houston, Texas 77030  
713-500-4284

May 12, 2004

Luis A. Sanchez, M.D.  
Chief Medical Examiner  
Office of the Medical Examiner of Harris County  
1885 Old Spanish Trail  
Houston, Texas 77054-2098

**SUBJECT: Harris County Case # 73-3356**  
Comparison to  
**HCME Autopsy Report Case #73-3356, dated August 13, 1973**

**OPINION: Consistent With**

---

The Chief Investigator of the Harris County Medical Examiner's Office requested that I compare the **HCME Autopsy Report Case #73-3356, dated August 13, 1973** with the **skull, maxilla, and mandible numbered 73-3356**.

In this report the teeth will be numbered using the Universal System in the following manner: beginning with the maxillary right third molar as tooth number one, numbering across to the maxillary left third molar that is tooth number 16, and beginning again with the mandibular left third molar that is tooth number seventeen and numbering consecutively across to the mandibular right third molar that is tooth number 32.

**POSTMORTEM EXHIBITS**

The postmortem exhibits consisted of:

1. HCME Autopsy Report Case #73-3356, dated August 13, 1973.
2. Dental charting and radiographs on a skull, maxilla, and mandible labeled "73-3356" provided by Veronique Delattre, DDS, FAGD

**OPINION**

It is my opinion, based on reasonable dental probability, that the skull, maxilla, and mandible labeled "73-3356" are consistent with the dental information portrayed in the dental records furnished to me by the Harris County Medical Examiner's Office.

Respectfully yours,

Veronique F. Delattre, DDS, FAGD  
Chief Forensic Dental Consultant  
Harris County Medical Examiner's Office

HARRIS COUNTY MEDICAL EXAMINER  
INVESTIGATOR REPORT

NARRATIVE       CONTINUATION       SUPPLEMENT

PAGE # 1

M.E. CASE#: 73-3356

INVESTIGATOR: M. HUNT

DATE: 9/28/04

TIME: 1:00       A.M.       P.M.

DECEASED: UNKNOWN SKELETAL REMAINS

On the above date and time, Deputy Gail Mills retrieved the following for facial reconstruction as requested by Deputy Chief ME, Dr. D. Wolf and Chief Investigator Beverly Begay.

1. Skull
2. Mandible
3. Investigator Report
4. Forensic Anthropology report.
5. Autopsy Report

The above is documented in a "Release of Remains" chain of custody form (copy attached, the original remained in the Unknown Folder). Once the above items are returned from Deputy Mills, the same chain of custody of form will be completed.\*\*\*

LOCATION: 4500 Silverbell GRAVE # Stall # 11  
UNKNOWN # 16 M.E. CASE # 73-3356

IDENTIFIED

NAME: \_\_\_\_\_

STILL UNKNOWN

I N V E N T O R Y   S H E E T

HAIR SAMPLES: _____	AUTOPSY REPORT:   ROUGH <u>FINAL</u>
BODY X-RAYS:   HCME <u>3</u> OTHER _____	SUPPLEMENTAL:   ROUGH   FINAL
DENTAL X-RAYS:   HCME _____ OTHER _____	INVESTIGATORS REPORT:   ROUGH   FINAL
HCME PHOTOS:   BODY _____ PERSONAL EFFECTS _____	SUPPLEMENTAL:   ROUGH   FINAL
CLOTHING _____ DENTAL _____	TOXICOLOGY REPORT
PHOTO FROM FAMILY: _____	DENTAL EXAMINATION:   ROUGH <u>FINAL FORM</u>
MISSING PERSONS REPORT _____	POINTS OF COMPARISON:   ROUGH   FINAL FC
DEATH CERTIFICATE _____	HCME DENTAL CHART _____
BRIEF PHYSICAL DESCRIPTION <u>✓</u> <i>→ clothing</i>	OTHER DENTAL CHART _____
SYNOPSIS OF MEDICAL TESTIMONY: _____	EVIDENCE SHEET: _____
CORRESPONDENCE: _____	

COMPARISONS: need to be checked - Paul Woodall  
David Wayne Waggoner - no match dental - 6-6-86  
Larry Russel - no match by dental 4-2-87 CW # 23

OTHER: Unknown card.  
Skeletal chart



Vol  
140

UNIDENTIFIED

Asp. due to strangulation  
None  
(Mass murder Unk # 16)

ML#: 73-3356

DATE OF DEATH: 8-9-73 f.d.

EYE COLOR: \_\_\_\_\_

HAIR COLOR: Dark brown

LENGTH: 7"

FACIAL HAIR: \_\_\_\_\_

COLOR: \_\_\_\_\_

RACE: W

SEX: M

AGE: 18

HEIGHT: 63"-65"

WEIGHT: —

SCARS: None

MARKS: None

TATTOOS: None

CLOTHING: 2 brown roughout western boots c words  
"NEDLITE" on heel; Gold, royal blue, orange-red +  
aqua green stretch swim trunks c silver (see other side)

PERSONAL EFFECTS: \_\_\_\_\_

OTHER: \_\_\_\_\_

DENTAL: (see other side)

PLACE OF DEATH: 4500 Silverbell

TIME OF DEATH: f.d. 8:00pm

POLICE AGENCY: HPD. CASE #: \_\_\_\_\_

Clothing: (Cont.) Buckle on belt = gold colored  
wings in center + what appeared to be the  
letter "C"; Kahki color long sleeve shirt =  
a large oval dark blue, bright blue + white  
peace insignia on the back that included  
a peace insignia = mult. stars + the  
letters "USMC" + other variable figures.  
Letters "L 84MT" were under the peace  
insignia; 2 socks; Dark blue corduroy  
pants "MALE SLACKS" w-32 L30; white  
jockey shorts.

DENTAL: ① In Crypts - # 1, 16, 17, 32; ② 70 canes;  
③ 70 restorations ④ Avulsed - # 8, 11, 13; ⑤ Attrition  
# 7, 9, 10, 23, 24, 25, 26.

Note: Since per HOME files show this decedent as unknown & no record of body being buried, the remains are here HOME

Full Body Here

1973 MASS MURDER INVENTORY CASES TO DATE AS OF 071501

DR. DELATTRE VIEWED CASE:

CASE FINDINGS...SEE ATTACHED REPORT DATED

ITEM #	CASE #	DECEDENT'S NAME	TYPE OF REMAINS	*LOCATION OF REMAINS	DATE FOUND	DATE ID'D & BY WHAT METHOD
* (16)	73-3356	Unknown W-m-(18-19)	Skull	Invest. Lower	8-9-73	(N/A)
			Skeletal	Box # 4	Boatshed	partial decomp
		FOUND@: 4550 Silverbell, Stall #11	Remains	Cooler		
		NOK NOTIFIED: Y/N				(N/A)
		DATE / TIME NOTIFIED:		NOTIFIED BY WHOM:		(N/A)

AUTOPSY DONE BY/DATE: Dr. Jachimczyk 8-13-73

INVESTIGATOR REPORT: Y/N AUTOPSY REPORT: Y/N POLICE REPORT: Y/N SCENE PHOTOS: Y/N

DEATH CERTIFICATE: Y/N DATE D/C SIGNED: Not in file

Info Not in file

FULL BODY XRAYS: Y/N @ autopsy & see skeletal graft

DENTAL CHART/XRAYS: Y/N (x2) colored skull photos & see dental autopsy exam by Dr. Stinson

DNA: Y/N 3-20-91 Request 12-2-91 Results

RELEASE SIGNED: Y/N DATE: NOT IN FILE BY: 5-2-95 TOOTH E LIBBY FOR DNA

FUNERAL HOME: BURIED CREMATED

MANNER OF DEATH: Asphyxia due to strangulation DOD: INFO NOT IN FILE

SOURCE: HOME Records & Investigator File

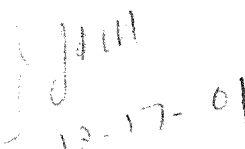
OTHER INFORMATION: Clothes noted, see card in file

Comp. cases 73-3332, 3333, 3334, 3335, 3336, 3337, 3338, 3339, 3347, 3348, 3349, 3350, 3353, 3354, 3355, 3357

**JOSEPH A. JACHIMCZYK FORENSIC CENTER  
OF HARRIS COUNTY  
AUTOPSY EVIDENCE SUBMISSION/REQUEST FORM**

ML/OC # <u>73-3356</u>	Law Enforcement Agency:  Agency #:
Evidence Del. By Dr. <u>Victor Forney</u>	Police Investigator Assigned to Case: Name:
Rec'd. in Laboratory by:	Address:  <u>HCMF</u>
Date: <u>12.17.2001</u> Time: <u>2<sup>30</sup></u> am/pm <u>(pm)</u>	Direct Telephone # <u>(713) 796-6780</u>

**EVIDENCE LISTING**

Item(s) Requested	Item(s) Received in Laboratory
<u>1 rib</u> <del><u>4 m</u></del> <sup>Forney</sup> <u>4 bones from distal Extremities</u>	<div style="text-align: center;">  <p><u>12-17-01</u></p> </div>

Nature of Death:	Date of Death:
Decedent:	Race _____ Sex _____ Age _____

Received by: \_\_\_\_\_ Date: \_\_\_\_\_ from H.C.M.E.

Signature

\_\_\_\_\_

Print Name

Released by: \_\_\_\_\_ Date: \_\_\_\_\_

Signature

\_\_\_\_\_

Print Name

73-3356

PENDING ID

M.E. # 73-3356

C. Pawlen

P. McConnelly  
HCME STAFF

Unknown

NAME OF DECEASED

Carpenter SH

FUNERAL HOME RECEIVING BODY

Stma 114099

SIGNED OUT BY

LICENSE #

10, 19, 09

13:49

DATE

TIME

WAS CLOTHING TAKEN WITH BODY  YES  NO

HCME STAFF Pawlen

TRACKING SHEET  YES  NO

UNK  
NAME OF DECEASED

BROUGHT TO H.C.M.E. BY:

NAME OF SERVICE

SIGNED IN BY

DRIVER

DATE

TIME

8, 19, 73

AM PM

CLOTHING: YES NO

PERSONAL EFFECTS: YES NO

HOSPITAL CHART: YES NO

Checked by Harris County Medical Examiner Representative

M.E. case # 73-3356 #16  
rel

Case: 73-3356

Attention: This case is in two locations

Location 1: Low team cooler Red Coat Box

Location 2: with Job 4-25-07

University of Maryland LT

PENDING

M.E. # 73

NAME OF DECEASED

FUNERAL HOME

SIGNED OUT BY

DATE

WAS CLOTHING TA

HCME STAFF

TRACKING SHEET  YES  NO

M.E. CASE #: 73-3356 (#16)

UNK

NAME OF DECEASED

BROUGHT TO H.C.M.E. BY:

NAME OF SERVICE

SIGNED IN BY:

DRIVER

DATE

8/9/73

TIME

AM PM

CLOTHING

YES NO

PERSONAL EFFECTS:

YES NO

HOSPITAL CHART: YES NO

Checked by Harris County Medical Examiner Representative

Duplicate Copy

TDL: 6/14/15  
FDL: 6/30/11

### Body Release Checklist

Case # 73-3356

Yes/No  Funeral Home presents completed release:  
Verify:            Name of Decedent  
           Next of Kin

Yes/No  Decedent on Hold

Yes/No  Identification is Positive *County burial*

Yes/No  Verify Funeral Directors License and Identification

Yes/No  Property Release to Funeral Home By           

Yes/No  Cause of Death in entered in Logbook

*N/A*

Transit Envelope & Authorization to Claim form given to FD by: C. Rawlin  
Date: 10/19/09 Time: 1:48P

FINGERPRINTS TAKEN YES/NO  None available (releasing AA should check fingerprint card)



Bereavement Services of Harris County Community Services Department-Social Services Division (HCCSD) hereby authorize the removal of the decedent's remains as follows:

Funeral Home: Carnes Funeral Home

Decedent: Unknown, Unknown

Mothers Name (Babies Only):

AGE: 15-19 Weight: 20-25 LBS

Date of death: 8/09/1973

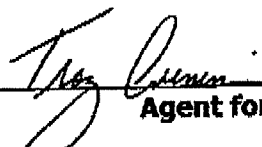
ME Case # ML09-3356

Decedent is  VIEWABLE or  NONVIEWABLE or  Unknown  
(check one)

Location: HCME: 1885 Old Spanish Trail, Houston, TX 77054:

\*\*\*Special Note: Dr. Derrick has some items (clothing, hair) that she would like included with the body/interment. Please include these in pick up!\*\*\*

(Please verify location of decedent before dispatching for a pick up )

  
\_\_\_\_\_  
Agent for HCSS

10/14/09  
Date



SK  
TE

### Harris County Bereavement Services Referral Form -- HCME Cases

HCME Case Number: <u>ML73-3356</u>		Referral Date: <u>10/14/2009</u>	
Last Name:	First Name:	Middle Name:	Date and Time of Death:
<u>UNKNOWN</u>	<u>UNKNOWN</u>	<u>Unknown</u>	<u>8/09/1973</u>

Place of Death <u>Storage Facility</u>			
Street:	City of Death:	County of Death:	Death Zip Code:
<u>4500 Silver Bell</u>	<u>HOUSTON</u>	<u>Harris</u>	
Cause of Death:		Reporting Agency:	
<u>Asphyxia due to Strangulation</u>		<u>Houston Police Department</u>	
Manner of Death: <u>Homicide</u>		Incident Number:	<u>Unknown</u>
		Agency Contact:	<u>Unknown</u>

Signing Physician: <u>ANTHROPOLOGIST</u>	Physician Contact Phone: <u>713-796-9292</u>
--	--

Age:	Date of Birth:	Race:	Weight in Pounds:	Height in Inches:
<u>15-19 YEARS</u>		<u>W</u>	<u>Approx. 20-25 lbs.</u>	<u>0</u>
SSN:	Sex:	Foreign Origin:	Veteran:	
	<u>Male</u>			
Residence Address:	City:	State:	Zip Code:	
	<u>HOUSTON</u>	<u>TX</u>		

Next of Kin First Name:	Next of Kin Middle Name:	Next of Kin Last Name:
<u>COUNTY BURIAL</u>		
Next of Kin Relationship:	Next of Kin Phone:	Date Next of Kin Located:
<u>COUNTY BURIAL</u>		
Next of Kin Address:	Next of Kin City:	Next of Kin State NOK Zip:
	<u>HOUSTON</u>	<u>TX</u>
Date Next of Kin Notified:	Date of 15 Day Letter:	Type of Referral:
		HC Guardianship    Indigent Family                No NOK/Unknown <input checked="" type="checkbox"/>

Referred by: Ruth Mathis, D-ABMDI  
Identification Specialist  
Phone: 713-796-6774

**Sharon Derrick**  
Digitally signed by Sharon Derrick  
 DN: cn=Sharon Derrick, o=Harris County Social Services, ou=Harris County Social Services, email=sharon.derrick@harriscountytx.gov, c=US  
 Date: 2009.10.14 15:51:00 -0500

HCME Supervisor Approval:  
Sharon M. Derrick, PhD  
County Burial Supervisor

\* Sharon Derrick does not want a service. She just needs to be notified asap of burial site.

Luis A. Sanchez, M.D.  
Chief Medical Examiner



(713) 796-9292  
FAX : (713) 796-6844

JOSEPH A. JACHIMCZYK FORENSIC CENTER

**Funeral Director's  
Authorization to Claim Form**

Date: 10/19/09

Medical Legal #: 73-3356

Name of Decedent: Unknown

I, Claude Atank, representing Carnes SA,  
visually inspected the body of the above named decedent, and have compared the name  
and medical/legal number of the decedent to 1) the Identification Tag, 2) the Autopsy  
Information and Release Form and, 3) the Transit Envelope, and have found all three  
documents to correspond to the body I am authorized to claim from the Harris County  
Medical Examiner.

[Signature]

Signature

Carnes SA

Name of Firm

114099

Texas Funeral Commission  
License Number

Reviewed and Signed by: D. McConnell  
(HCME Representative)

10/19/09  
Date

## HCME Inter-Morgue Chain of Custody

This form is to be filled out each time a decedent is moved within the confines of the Morgue.

Case Number: ML73-3356

Requested by: Sharon M. Derrick, PhD

Original Location: Long-term Storage

Retrieving Personnel: Logan Box 1+2

Moved To: First Floor Classroom

Date and Time: 4/19/07 7:15 AM

Reason: Crime Story Filming

HARRIS CO. ME



DOD: 8/9/1973

**UNKNOWN, UNKNOWN**  
**ML73-3356**



Harris County Medical Examiner's Office  
 Forensic Anthropology Division  
 Case Chain-of-Custody



Case Number ML73-3356

Anthropologist Receiving

Sharon M. Derrick

Autopsy Assistant Transferring

\_\_\_\_\_

Date of Transfer

1/20/2009

IN Anth lab

Date of Return

1/21/09  
Sharon M. Derrick

Anthropologist Transferring

Autopsy Assistant Receiving

[Signature]

Anthropologist Receiving

\_\_\_\_\_

Autopsy Assistant Transferring

\_\_\_\_\_

Date of Transfer

\_\_\_\_\_

Date of Return

\_\_\_\_\_

Anthropologist Transferring

\_\_\_\_\_

Autopsy Assistant Receiving

\_\_\_\_\_

Anthropologist Receiving

\_\_\_\_\_

Autopsy Assistant Transferring

\_\_\_\_\_

Date of Transfer

\_\_\_\_\_

Date of Return

\_\_\_\_\_

Anthropologist Transferring

\_\_\_\_\_

Autopsy Assistant Receiving

\_\_\_\_\_

4-26-07  
F. Decker

# HCME Inter-Morgue Chain of Custody

This form is to be filled out each time a decedent is moved within the confines of the Morgue.

Case Number: ML73-3356 SKULL ONLY

Requested by: Sharon M. Derrick, PhD

Original Location: Long term Storage

Retrieving Personnel: Control Desk

Moved To: Mary W. Manhein  
FACES Lab LSU  
Baton Rouge, LA 70803

Date and Time: 4/26/07 1:00 PM

Reason: Clay facial reconstruction

If Decedent is moved again:

Requested by:

Location:

Retrieving Personnel:

Moved To:

Date and Time:

Reason:

If Decedent is moved again:

Requested by:

Location:

Retrieving Personnel:

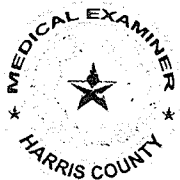
Moved To:

Date and Time:

Reason:

4-26-07  
F. Dalier

Luis A. Sanchez, M.D.  
Chief Medical Examiner



(713) 796-9292  
FAX : (713) 796-6844

**JOSEPH A. JACHIMCZYK FORENSIC CENTER**

April 26, 2007

Ms. Mary Manhein  
FACES Laboratory  
Department of Geography and Anthropology  
Louisiana State University  
227 Howe-Russell Geoscience Complex  
Baton Rouge, LA 70803

Dear Mary,

This box contains three skulls, each with mandible, in individual boxes. The boxes are marked with our medical legal case numbers, as is each skull. The skulls represent victims of the 1973 "Houston Mass Murders and request that the FACES Laboratory provide a clay facial reconstruction for each individual. As agreed upon by email, the Harris County Medical Examiner's Office Forensic Anthropology Division will remit \$500 upon satisfactory completion of the reconstructions. The purchase order number for your invoice is P121757. Thank you for agreeing to provide us with this important method to aid us in identification of these young men.

Sincerely,

A handwritten signature in cursive script that reads "Sharon M. Derrick".

Sharon M. Derrick, PhD  
Agency Coordinator/Physical Anthropologist

HARRIS COUNTY MEDICAL EXAMINER  
INVESTIGATOR REPORT

NARRATIVE     CONTINUATION     SUPPLEMENT

PAGE # 1

M.E. CASE#: 73-3356

INVESTIGATOR: M. HUNT

DATE: 9/28/04

TIME: 1:00     A.M.     P.M.

DECEASED: UNKNOWN SKELETAL REMAINS

On the above date and time, Deputy Gail Mills retrieved the following for facial reconstruction as requested by Deputy Chief ME, Dr. D. Wolf and Chief Investigator Beverly Begay.

1. Skull
2. Mandible
3. Investigator Report
4. Forensic Anthropology report.
5. Autopsy Report

The above is documented in a "Release of Remains" chain of custody form (copy attached, the original remained in the Unknown Folder). Once the above items are returned from Deputy Mills, the same chain of custody of form will be completed.\*\*\*

# HCME Inter-Morgue Chain of Custody

This form is to be filled out each time a decedent is moved within the confines of the Morgue.

Case Number: ML 73-3356

Requested by: Michele Hunt

Original Location: VIP Room

Retrieving Personnel: Tammy Morgan

Moved To: Photography Lab (5th Floor)

Date and Time: 4-30-04 @ 2:15 pm

Reason:

Facial photos

If Decedent is moved again:

Requested by: Michele Hunt

Location: Photography Lab

Retrieving Personnel: Andre Santos

Moved To: In Cooler

Date and Time: 4/30/04 4:35p

Reason:

Storage

If Decedent is moved again:

Requested by:

Location:

Retrieving Personnel:

Moved To:

Date and Time:

Reason: